

ANNUAL COURSE/CONFERENCE NATIONAL
MOBILITY CENTRE

~~Hv 1946~~ Hv 1945
.An 78
1976



NATIONAL MOBILITY CENTRE
22 Melville Road
Edgbaston, Birmingham 16

The Annual Course/Conference was held on 6th and 7th May 1976 at the Norfolk Hotel, Birmingham.

Subject of Course/Conference - Low Vision Training for mobility purposes.

Speakers/Tutors - Mr E Apple, Executive Director, American Foundation for the Blind, Inc., New York; Mrs Marianne Apple.

Delegates attending Course/Conference -

- 79 Mobility Officers from Local Authorities and Voluntary organisations.
- 8 Mobility Officers from Schools and Colleges.
- 19 from educational and research establishments.
- 12 from Social Services administration.
- 8 Mobility Officers and visitors from overseas.
- 7 Guide Dogs Association for the Blind
- 5 Members of the Advisory Committee of N.M.C.

138 Total

After Walter Thornton, OBE, Chairman of the National Mobility Centre Advisory Committee, had welcomed delegates and the speakers, Mr and Mrs L Apple, representing the American Foundation for the Blind, to this year's Conference/Course, Mr Ryan gave a resume of the work carried out at NMC since last year. Apart from producing qualified Mobility Officers, links with Europe had strengthened in that a separate, but similar programme for training instructors was now functioning in Marburg, Germany. Two seminars designed to help Local Authorities in setting up domiciliary based Mobility services had been held at NMC whilst a third one was given in Dublin, geared to the structure of services in Eire. Together with Walter Thornton, OBE, and Dr Armstrong of the Blind Mobility Research Unit, Nottingham University, NMC had been involved in producing an illustrated booklet written in four languages to further promote the service throughout Europe. Links with the Guide Dogs for the Blind Assn. had been established in that arrangements for Mobility Officers (MOs) to spend some time at Guide Dog Training Centres can now be made.

A questionnaire was sent out to each MO to gain information about the service provided. Findings from returns are as follows: MOs working full-time - 66%, part-time - 25%, not at all - 7%, not working due to promotion - 2%.

Of the total number of clients trained: 45% were trained in the use of the Long Cane; 17% - Guide Cane; 10% - Symbol Cane; 1% - Sonic Guide; and 27% - trained in other skills. This appears to reflect the vision of MOs in seeing the need to provide a service which often embraces aspects that are not primarily mobility.

Mr Ryan continued by saying it was the experience of most MOs to work with people who had a degree of residual vision and it was this stimulus which had resulted in the subject of Low Vision being the theme for this year's Course/Conference. It was hoped, therefore, that the course would help in formulating a uniform and structured type of training for those with low vision, rather than the informal and uncoordinated approach so far adopted in most parts of the world outside the USA.

Low Vision and Mobility - Gene Apple

The two tenets which Mr Apple believed are central to thinking about Low Vision mobility are low vision itself and learning.

AV1946
An 78
copy
phase

1 - Low Vision Great ambiguity exists over the nature and definition of low vision, but it helps meet the needs of those people with this problem if one thinks of it as a separate disability. Polarization is the other characteristic of low vision; there is a tendency for responses toward those with this handicap to be pre-determined and uniform. Both ambiguity and polarization can be avoided if low vision persons are regarded as separate individuals with different problems.

2 - Learning Changes in behavioural learning took place when one's perceptual ability was changed, ie. through blindness. Changes will come about whether anything is done or not, but MOs, due to their role, can be very instrumental in the process of these changes.

Historically, low vision people were trained under a blindfold, but Mr Apple contends that it would have been more advantageeous to use whatever visual stimulation they could perceive, although use of the blindfold did facilitate the learning of some skills which might otherwise have been problematic.

Mr Apple went on to describe six common types of visual field loss which are not scientifically based, but rather clinically observed. The concept of function which helps in appreciating these fields are the 'what' and the 'where' vision; the 'what' indicating the central vision which indentifies; and the 'where' indicating the peripheral vision which registers that objects are present. The 'what' vision requires good light for optimal functioning, whereas the 'where' vision can function in poor light conditions. The six common types of field loss are:

i) Peripheral field loss occurs with Retinitis Pigmentosa and Glaucoma; gives rise to night blindness. The person may, or may not, require a cane for travel purposes. Good on 'what' vision.

ii) Central field loss occurs in many neurologically based disorders which affect the macula area, ie. Optic Atrophy. The person will have good night vision, good 'where' vision and not generally be in need of a cane for travel purposes. Affected by glare.

iii) Scattered Scotomas occur in Choroidal Retinitis and tend to have a mixture affecting both central and peripheral vision.

iv) Wedge or pie-shaped scotomas Occur in Retinal detachments and sometimes in eye injuries, also have a mixture affecting the central and peripheral vision.

v) Homonomous Hemianopia occurs in brain injuries, sometimes destroying a quarter or half the visual vield.. Even with the remaining field, people may not always be able to interpret the visual stimulation received; eg. a straight line seen in existing visual field may erroneously be extended into the blind field where it does not, in fact, exist. May be in need of visual experience training.

vi) Cataract when the cataract is removed and the patient wears a 12,14 or 16 dioptre lens, it causes a phenomena called Ringed Scotoma. This creates distorted visual images, including 'jack-in-the-box' effect whereby images suddenly pop into the visual field from the blind areas.

In common with others, Mr Apple believes it is not really possible to train an individual for oncoming blindness unless it is certain that vision will be lost within a short period, (less than one year). Then a blindfold can be used for mobility training purposes. Otherwise, it is a wasteful and pointless exercise to train a person as somebody he is not, nor might be, for years to come. Mr Apple then considered some 'dos' and 'don'ts' when working with low vision people.

/ continued

i) Beware of introducing equipment too early, especially blindness identified equipment. This is why the evaluation process is so important in assessing the needs of each individual - the needs for equipment will often be preceded by other needs.

ii) Be conscious of social pressures which push an individual into the role of a totally blind person frequently because people find it easier, or more convenient, or kinder, to regard him in this way. Social pressures seem to demand that blind people continually have to explain what they can do, whereas people with low vision continually have to explain what they cannot do.

iii) Be aware of economic pressures. Depending on the structure of the social service and welfare systems prevailing, an individual may have economic responsibilities which create additional stress to that of visual loss- does the individual have sufficient vision so as not to qualify him for work, state or national benefit? or for compensation? does the loss of earning power threaten his standard of living and lifestyle?

iv) Consider loss of communication. Eye contact, facial expression and written communication become more difficult. There is a whole process of body adjustment as the use of lenses may necessitate a very close proximity to the perceived object. This is especially difficult for older people. Stresses tend to build up which produce irritability and fatigue, people with low vision often seeming to be more fatigued than those with total loss.

Mr Apple concluded by saying that the ambiguity caused in social interaction results in confused judgments as to what is happening or what is needed.

After general discussion on the way in which the Snellen chart is used, Mr Apple went on to point out that it is a good indication of visual acuity, but it did not account for visual fields or movement within those fields. Furthermore, the acuity findings can be affected by quality of lighting during the test. Individual characteristics of the person may also affect findings; how fatigued is he at the time of the test? or is he taking medications including tranquilisers which affect visual function? In the case of diabetics, optimal testings should be taken during early morning or after lunch when the person is at his best.

Low Vision and Schoolchildren - Marianne Apple

Prior to showing the videofilm on Low Vision Training with school children, Mrs Apple explained that it depicted the work of a Mobility specialist and an Optomotrist acting as a team. The purpose of their work was to increase the visual functioning of children and thereby increase their self-image; the children, having at first been regarded both by themselves and others, as totally blind. The conventional methods of evaluating their visual functioning were found to be very inadequate and the first indication that the children did, in fact, have some useful residual vision, manifested itself during mobility instruction. The Optomotrist had to improvise procedures for assessing their visual capacity during this process. An important aspect of the film was the attempt to optimise the natural environment so that what was visually perceived contributed to the process of learning to use vision. Another aspect that the film covered was the way in which children with fluctuating vision were dealt with.

The showing of the film illustrated many of these points and demonstrated various techniques involved in teaching children to perceive and locate sources of light physically (development of hand-eye coordination), to discriminate and identify a range of material

/ continued

from gross three-dimensional objects to finer, two dimensional shapes and to carry out visual memory tasks, and colour discrimination. The teaching/learning process was structured in such a way that it was an enjoyable experience; a built-in degree of success plus constant reinforcement ensured that levels of motivation were high.

Initial learning resulted in poor posture and gait, especially during mobility lessons. These aspects improved as the children learned to use their vision more efficiently. Enhanced visual skills, including use of visual aids, were then combined with auditory skills in preparation for travelling in traffic and other hazardous situations.

Discussion followed in which concern was expressed over the problems of posture and levels of stress imposed by the attempts of the children to use their residual vision. Were the children motivated intrinsically or extrinsically and was it always appropriate to use low vision for mobility purposes?

It was pointed out that the student cannot be asked to train beyond his capacities or limits of safety; but his potential may not be known unless some form of assessment is made. The process of evaluating his visual capacities will help the child and MO in knowing the extent of the child's visual limitations and the appropriateness of using vision and/or other sense modalities for purposes of travel. Generally speaking, training and practice will reduce strain and improve performances.

Discussion also took place concerning the work and attitudes of schools toward children with low vision; the point being stressed that the discovery of visual perception usually falls upon teachers. As in the case of mobility, no structured programmes for developing use of low vision have, as yet, been formally introduced, but educators were very sensitive to the problem and do encourage visual functioning wherever possible. It was felt that much could be gained by improving links between ophthalmologists, educators and MOs - the latter may appreciate degrees of residual capacity which might not be in evidence in a classroom or clinical situation.

Low Vision Programme for Veterans, Palo Alto, California - Gene Apple

Mr Apple introduced the videofilm of Low Vision in Adults in Palo Alto, California, as a technical effort, specifically put together to show the type of environment selected for this purpose. He said that two systems of evaluation and training had been worked through before the present method now in operation. The film showed subjects undergoing various tests prior to negotiating outdoor routes. Clients were visually locating static objects in indoor and outdoor situations and attempting to see as much detail as possible on each object. The distance and lighting conditions under which objects were seen in the indoor tests were taken into account and measured. Subjects then carried out similar tests outside, but with moving objects; tests which involved the discernment of the relative positions of pedestrians to the subject and the geometric patterns they made whilst walking.

The 18 routes used by people in the evaluation were selected to graduate in degree of difficulty both visually and with mobility in mind, from the simple to the more demanding; ie. from straight-forward residential areas free of hazards to crowded and complex town conditions. During this process, specific points of visual difficulty which the Mobility Officers scrutinised, were the client's ability to:

- i) Walk a straight line, both on a pavement and in a rural setting and maintain balance.
- ii) Avoid collision with obstacles from foot level to overhead and to visually scan in an efficient way.

/ continued...

iii) Detect downdrops and other surface irregularities.

iv) Cross road junctions using visual clues from both traffic and topography.

v) Adapt to changes in lighting involved in moving from shadows into glare, from indoors to outdoors, and vice versa.

vi) Identify landmarks in gross form and in detail and colour if possible.

vii) Travel in crowded areas and locate destination points which may be difficult to discern visually; to travel indoors in congested situations.

viii) Make use of public transport facilities.

ix) Negotiate the more irregular, such as, car park areas, off-set road junctions, road works, etc.

Other points which are closely observed include each individual's ability to follow instructions, use compass directions, remain orientated and relocate route starting points. Parri pasu with this evaluating process the ophthalmological department was also carrying out clinical tests, the results of which included measures and dimensions of visual acuity and field for each eye, notes on colour defect, and suggested optical aids such as monoculars or binoculars for mobility and reading purposes. All this information was available to MOs to help in formulating the most appropriate low vision programme for each client.

Low Vision Practicum

Under the direction of Mr Apple, delegates were split into three groups in order to carry out three different types of activity. The Groups were each further divided into two sub-groups, each one concentrating on certain aspects of the three activities undertaken. Each group comprised one group leader, whose role was specifically a teaching one, and approximately 15-20 others who acted as students. The purpose of this approach was to show that learning to use low vision can take place in a variety of ways and situations. The actual structure of each session was informal, thus allowing individuals, both group leaders and participants, to adapt and evolve strategies of teaching and learning. The goggles used in the practicum were set up with lenses to simulate visual acuity loss and restricted visual fields.

Group A (1) - use of orange coloured and white footballs to develop a concept of tracking and locating moving objects whilst in a stationary position. Venue - light grey asphalt surface of car park, varying backgrounds of shades and colour.

Morning session - using lenses of 6ft acuity. Conditions fairly dull at start of session, gradually brightening. To pass a ball to a goggles wearer who attempted to track and catch ball. Ball passers were positioned in a circle around goggles wearer, and each spoke prior to throwing a ball towards wearer. Balls were first rolled, then bounced once, and finally thrown direct to each wearer.

Afternoon session - as above, but conditions had changed to bright sunshine.

Group A (2) - as Group A (1), but using lenses of 2ft acuity.

Findings:

1) Performance was good when sun was behind wearer and on the ball.

2) Performance was better if background was darkish and no glare was present.

3) Performances appeared marginally better when the white ball rather than the orange ball was used.

/ continued

4) Performances appeared better when passer was wearing white or brightly coloured garments.

5) Some people able to consistently out-perform others.

Although localisation and coordination quickly improved with each exercise, carry-over of learning was much affected by conditions of lighting and background contrast. Performances improved more consistently when the sun was not too bright, or shining directly into the eyes of the subject. No discernible differences noted between wearers of 6ft or 2ft acuity lenses in this series of exercises.

Group B (1) - Use of staircase. To develop a concept of using low vision whilst moving in a normal, but difficult situation.

Morning Session - using lenses of 6ft acuity. To walk up and down a straight outdoor staircase with open treads. Conditions fairly dull at start of session, but gradually brightening.

Findings:

1) Depended on blind skills at first, sighted skills being almost impossible to employ. Posture fair and performance shaky.

2) With introduction and practice of visual scanning, some identification of parts of the staircase was possible, particularly the hand rails.

3) Although scanning tended to interrupt continuity of movement some subjects found it helpful and reassuring, whereas others found it unnecessarily distracting.

4) Ascending was nearly always easier visually, as one could usually see something, but descending was more problematic as there was nothing discernible. No visual indication when ground level was reached.

5) Repetition improved confidence and performances.

Afternoon session - the same, but strong sunlight was now shining.

Findings:

1) It was necessary to wear a hat with a peak to reduce glare which otherwise prevented subjects from seeing anything.

2) The sunlight helped subjects pick out the stair treads and obviated the need to depend on blind skills.

3) Much easier than morning session, due to sunlight and accumulated practice.

Group B (2) - use of staircase inside a building. Conditions - sunlight was falling on staircase, providing good lighting.

Morning session - using lenses of 2ft acuity with a 5° aperture. To walk up and down an indoor staircase.

Findings:

1) Posture and balance improved with practice.

2) Assessing distances difficult.

3) Especially difficult when starting to ascend or descend stairs, ie visually locating and relating changes of levels underfoot.

4) Actual descending of staircase not difficult, due to adoption of blind skills, with which all subjects were familiar.

5) Visual scanning. This evolved with most subjects first scanning in a vertical plane and then in a horizontal one.

6) Mixed views. Some found colour contrasts (carpeted edge of stairs) helpful, others confusing.

7) Lighting. Very important, helped when shining on stairs.

Afternoon session - as exercise 1, but extended route to include negotiation of a lift and the location of a table on the ground floor. No sunlight on staircase.

Findings:

1) Route extension evolved due to the fact that negotiation of the staircase had become easy, as a result of accumulated practice and learning.

/ continued

2) Light conditions caused problems of adjustment, especially when moving from natural light conditions on staircase to the artificial lighting in and near the lift.

3) Distance judgment and hand/eye coordination difficult when using the lift.

4) With practice stress was reduced, confidence developed and performance improved.

Group C - Route negotiation. To develop the concept of low vision experience when travelling in a natural environment in which there are other sources of movement.

Group C (1) - Using lenses of 6ft acuity with a 5° aperture.

Morning session - subjects negotiated a route in which one road was crossed and two turns of direction were made. No instruction was given, the use of a long cane was optional. After subjects had completed this exercise on a trial and error basis, discussion took place which resulted in a plan to use their low vision methodically and systematically.

Afternoon Session - The same route was then travelled during which subjects applied the principles that had been formulated. This time no long cane was used, but light conditions were much improved. Good sunlight.

Findings:

1) All subjects preferred to use their sight and carry a symbol cane. They were able to concentrate more fully if not using a long cane.

2) Because of better visual conditions in the afternoon, subjects could (a) see more objects, (b) avoid pedestrians, (c) discriminate colours, (d) see kerb edges.

3) After discussing methodical use of vision for scanning purposes, subjects felt less strain and were able to see much more within the environment.

It was anticipated that night travel would prove much more difficult and necessitate the use of a mobility aid.

Group C (2) - using lenses of 2ft acuity.

Morning session - Subjects negotiated a similar route to that used by C (1), the long cane was used.

Afternoon session - Further practice took place over the same route but light conditions had changed - good sunlight, but greater contrast of areas in and out of shadow.

Findings:

1) Posture was affected to a small degree, especially in the beginning.

2) There was a need for the group leader to teach and provide feedback so that the visual stimuli perceived had some meaning.

3) Lack of contrast in morning session, when light conditions were dull, reduced performance.

4) Movement from bright areas to shaded areas in the afternoon session caused problems of adjustment, but overall performance was better than in the morning session.

5) In the afternoon session, outline of horizon discernible, and moving objects seen if they had reflective surfaces, i.e. cars.

6) Although kerb detection was poor in both sessions, subjects were able to make straight road crossings, by seeing the gross outline of corners, particularly in the afternoon session.

7) When objects detected visually, problems of hand/eye coordination arose when physically trying to locate object.

Conclusion The long cane is definitely needed as it is quite impossible to rely on visual methods.

After the findings of each group had been presented, further discussion took place on the problem of encouraging clients to relax.

/ continued

If people are over-tense, performances are usually diminished in quality and a number of non-specific techniques are used to reduce tension. Often clients may be on tranquilisers and other drugs, which though lessening tension may also reduce performance and rate of learning.

Mr and Mrs Apple concluded the session by stating that the use of goggles provided a means of evaluating what could be done visually. They felt that by working together over a period of three or more years MOs in the United Kingdom should be able to evolve and develop a programme which could become standard. At the same time, a network of contacts should be established with all other related disciplines, and that the MO has the crucial role in bringing this to fruition.

The Approach to Low Vision and its Philosophy - Marianne Apple

The criteria and procedures involved in assessing visual function ability should be standardised, but as yet agreement on standardisation is a major problem.

Clinical assessments of low vision delineate and measure visual deficiency, but not the individual's ability to overcome that deficiency. The prescription of telescopic aids for mobility has lagged far behind the prescription of near vision aids, and this could be attributed to the lack of interaction in the past between Clinicians and MOs. Yet both clinical staff and MOs have useful information to exchange, for example: optometrists need to know certain things about mobility if they are going to prescribe an optical aid for that purpose. Telescopic aids are useful for some, but many cannot adjust to the increased magnification, the distorted movement and to the poor lighting qualities of telescopes within a mobility context.

The MO also needs clinically based information prior to conducting his own functional assessment, ie. measurements of visual field and acuity; type of fluctuating vision if present; ability to discriminate or confuse colours; and information on eye conditions that need to be accommodated, eg. retinal detachment.

An individual's subjective evaluation is also of utmost importance what does he experience visually? does he experience anomalies such as phosphenes, floaters or photophobia? what does he hope to achieve through low vision training? can he approximate his visual field by drawing it? During the practical assessment inconsistency may exist between verbal and observable behaviour, ie. a client may claim he has no difficulties on the routes he travels, but on further investigation it is found that he no longer travels routes previously used.

The next stage is to evaluate the ability to function whilst travelling a route; tasks being considered on the basis of safety and efficiency. Criteria for safety include the avoidance of collisions, the ability to detect vehicles, estimate their approaching speed, and the ability to cross roads competently, etc. Criteria for efficiency include appropriateness of actual route walked, walking speed and time spent on the route, the ability to visually detect and identify landmarks, etc. The functional evaluation must also account for stress levels. These can be measured in various ways; ie. changes in normal length of stride, preclusion of information normally perceived, etc.

Assessment of mobility with optical aids is a further aspect of the overall evaluation procedure. One must determine the nature of the perceptual problems induced by the aid itself, the proficiency in the use of the aid for locating landmarks and tracking moving objects and the ability to adapt to changes in lighting conditions. Cosmetic acceptability of the aid also needs to be known.

/ continued ...

If a client walks in an erratic course during this process it may indicate a weakness in visual scanning techniques, a poor contrast awareness or a preoccupation with the immediate environment. Objects, though seen, may lose perspective which results in collisions. The MO can establish which landmarks are consistently seen and how well a traveller can negotiate crowded areas, whilst advising on how best to cope with differing sunlight conditions. If the function of vision evaluation is a part of the training course then 20 hours appears to be the minimum to ensure safety and efficiency. This should include night travel ability and skills in orientation.

Use of the blindfold in training has the advantage of enabling the low vision person to be trained in totally blind techniques, especially appropriate if total loss of sight is imminent in near future, and permits client to appreciate and rely on other sensory stimuli. Non-use of the blindfold allows the client to learn to use his residual vision to the maximum. Blindfolds should only be used with care and discretion. The use of a cane for travel purposes should be illustrated where needed, eg. frequently required during night lessons.

Lesson plans in low vision programmes should have four distinguishing features. (i) a section devoted to the use of telescopes, eye shades, etc. (ii) night lessons. (iii) provide for visual clues and landmarks besides auditory and tactile ones and (iv) routes of travel selected for visual content and skill building requirements.

Four interacting factors determining the visibility of the environment are: (i) quantity of light available. (ii) brightness contrast. (iii) size of objects to be seen, and, (iv) time span for viewing.

The low vision person should be made aware of distortions caused by his visual problem and be trained to compensate for this by adjusting physically and being flexible in using his other sense modalities. Final selection of the most appropriate optical aid should come after consultation with the client, MO and the eye specialist.

Useful principles to apply during training with an optical aid are as follows: (i) start with 3 to 5 minute period, gradually increasing duration. (ii) student stationary in a simple environment; student to visually locate objects and to develop vertical and horizontal scanning techniques. (iii) tracking moving targets - start with a person moving slowly from a stationary position and moving in a variety of directions to be determined by the client. (iv) student moves whilst object is stationary - moves in a variety of directions whilst fixating on the object. (v) initial travel experience can be structured by the MO - slight scanning movement to be encouraged and also use of cane if client so wishes. When turning best to keep head down and once turned, raise head to clear path ahead from foot level. Distant objects visually located can be fixated whilst client approaches to the point of contact - useful exercise, especially for negotiating such hazards as staircases, etc. (vi) can then progress to an outdoor setting repeating type of activities already undertaken and extending skills to deal with normal town and traffic conditions. It should be borne in mind that optical aids tend to increase nearness of objects whilst decreasing their speed if they are moving - a car approaching at 40 mph appears to be doing only 12 mph. Considerable amounts of adjustment need to be learnt.

Verbalisation on the part of the client throughout the programme provides excellent feedback which enables the MO to assess and clarify much for the client. In conclusion, visual perception improves with practice and training and results in much greater efficiency in visual functioning than if only random learning takes place.

/ continued

In summing up, Mr Ryan acknowledged the points made regarding establishment of links and contacts and the need for a coordinated and systematic approach to low vision training. Similar to the MOs learning to use the long cane under blindfold, the experience gained when wearing the goggles was an extremely useful and enlightening one. Mr Ryan said that the comprehensive contribution that the Apples had given throughout this conference would go far towards the goal of training people to more effectively use their low vision for mobility purposes.

Walter Thornton, OBE, on behalf of the NMC Advisory Committee and all present at the Conference, thanked Mr and Mrs Apple for their very thorough presentation of information and material on the subject of low vision training. Mr Thornton went on to thank the delegates attending the Course/Conference for the cooperative participation during the practicum, and expressed his confidence that the results coming from the Conference would benefit those people with low vision.

Mr K Klee, Assistant Principal, NMC, introduced the Mobility exchange which gave the opportunity for individual MOs working in the field to inform others of special interest matters pertaining to their work. Before receiving contributions, Mr Klee informed the Conference of the following

(i) BASRAB - British Association for Sporting and Recreational Facilities of the Blind, was a new organisation which had just been constituted. Its general aim was to provide or assist in the provision of facilities and leisure time activities for blind and partially-sighted people. Further information could be obtained from: Mr S C Palmer, Hon Secretary, 5 Curzon Road, Thornton Heath, Surrey.

(ii) Availability of reflective material for recoating canes. Material could be obtained from the Supplies Department of RNIB, 224 Great Portland Street, London W1N 6AA, at the cost of 60p a strip approximately 36" by 2½". The cane must be thoroughly cleaned down to the bare metal before applying the new material.

(iii) Sets of simulating spectacles (8 in number) could be obtained from: Beaconsfield Optical Company, Holland House, Beaconsfield Road, Chiswick, W4; for a cost of approximately £40 per set. Each pair of spectacles simulated a different type of defective vision.

(iv) White soccer balls can be obtained from:

Other Contributions

Harborne Sports Co Ltd, 76 & 136
High Street, Harborne, Birmingham 17
Tel: 021-426 2737.

Patrick Cave-Browne

An aid to route memory which could be used by people who could not read Braille or use or afford a tape recorder, involved the use of beads. By using four different shapes of bead, route instructions could be threaded onto a string, so that they could be read sequentially and easily. Beads could be purchased from: Dryads, or Nottingham Handicraft, and were often available at Craft Centres.

Mr Cave-Browne also informed the Conference of the law regarding the visibility of independent blind travellers in Europe, especially in Holland, whereby canes must be covered with strips of fluorescent orange tape. This should be made known to those wishing to travel independently abroad.

David Dann

Mr Dann informed the Conference of a poster campaign he initiated in Hackney with the cooperation of the Local Authority Public Relations Department. The three posters used graphically brought to the attention of the public the inconvenience caused to blind persons by overhanging foliage, parked vehicles on the pavement and by dogs fouling the pavements. Posters could only be made available if a

/ continued ..

minimum of 9,000 copies was ordered. Mr Dann said that a campaign pack of 600, 200 copies of each poster, would cost £123, payable in advance. If 15 purchasers could be found then posters would be forthcoming. Those interested contact David Dann, MO, London Borough of Hackney, Social Services Headquarters, 205 Morning Lane, London EC9 6LG.

Robert Foster

A booklet entitled 'It's not funny being Blind', written and illustrated by the speaker had just been printed. Its purpose was informative and educative, but Mr Foster would welcome constructive comments on its format, as more would be produced at a later date. They could also be obtained for a small fee from: Robert Foster, MO, Strathclyde Regional Council, Social Services Department, 65 Forth Street, Ayr, Scotland.

Bert Lowe

Mr Lowe had produced a leaflet for bus crews to help them know in what ways they could best assist visually handicapped people getting on and off buses. Since he had distributed the leaflet to bus depots, canteens, etc. in his area there had been a favourable response. Contact: Bert Lowe, MO, Family and Community Services Department, Redvers House, Union Street, Sheffield S1 2JQ.

David Powell

Mr Powell mentioned three points - (i) shoe chains for ice and snow conditions could be obtained if delegates wrote to David Powell, MO, Hertfordshire County Council, Social Services Department, Mobility Section, 9 St Alban's Road East, Hatfield, Herts. Cost approximately £1.50 a set. (ii) MOs needing assistance over a specific map project could write to: The Governor, Leyhill Open Prison, Wootton-under-Edge, Glos., as this type of work was now undertaken there. Nottingham map kits could also be obtained from the same source. (iii) enlargement of maps. If an area to be enlarged was indicated on a printed map and sent with 20 exposure 35mm colour slide film to David Powell, he would photograph and produce a colour slide which could be used in a projector. From the projected image a tracing could be made.

Henry Shear

Mr Shear informed the Conference of (i) the plasticine board which is used with string. Details of its use and construction could be obtained from: Henry Shear, MO, Jewish Blind Society Day Centre, Robert Zimmler House, 92 Stamford Hill, London N16. (ii) a new material now available from Holland worked like Melinex, except that the lines produced were three times more pronounced, and that it accepted colour, which was particularly useful for low vision persons. The material could also be used for toy patterns and a number of other recreational and educational purposes. The cost of material, quantity to be purchased, plus address of selling agency had not yet been finalised, but would be made known through all available channels, including NMC, when this information was to hand.

The Principal and Advisory Committee of the National Mobility Centre wish to thank the American Foundation for the Blind, Inc. for enabling Mr and Mrs Apple to travel to the United Kingdom for the specific purpose of presenting the course on Low Vision Training.

IIV1946
An73

c.3

ANNUAL COURSE/CONFERENCE
NATIONAL MOBILITY CENTRE.
(1976)

Date Due

AMERICAN FOUNDATION FOR THE BLIND
15 WEST 16th STREET
NEW YORK, N. Y. 10011

